FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		ORGANIZATION										
		(5	See instructions	s)			Office use only					
NAME OF COMMITTEE	(in full)	(Chec is cha	k if name nged)		nple: If typying, type the lines	1	2FE4I	M5	1 1			
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ADDRESS (number	and street)	c/o Contri	bution Solut	tions, I	_LC		11					ш Ш
(Check if add is changed)	dress	123 E. Sar San Jose	Carlos St.,	#531		<u> </u>	ÇA	L	951	12 [ш ш
			(CITY		ST	ATE _		ZI	P CODE	. ▲	
COMMITTEE'S E- (Check if add is changed)		ESS (Please provid	e only one e-m illo@gmail.		ss)		1 1					<u>.</u>
COMMITTEE'S W	'EB PAGE A	DDRESS (URL)										
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2. DATE	0.2 /	007 / 20	Y Y 1 1									
3. FEC IDENTIF	343574											
4. IS THIS STA	TEMENT	X NEW (N)	OR		AMENDED (A))						
I certify that I have e		Statement and to the b	pest of my knowl	edge and	d belief it is true, corre	ect and co	mplete					
Signature of Treas	Пос		Mark B. Fre	edkin		Dat		0 2 M	/ D D	7 / [ž) 1 1 1
NOTE: Submission	of false, erron	eous, or incomplete in			e person signing this				s of 2 U.S	.C. §437	g.	
Office Use Only					For further informat Federal Election Com Toll Free 800-424-95 Local 202-694-1100	nmission	act:			FOR		